

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this

Variance number (Assigned by department)

15-05-45

Name of the applicant	аррисаціоп		
Name of Organization Name of O	1. APPLICANT INFORMATION (Person who would be in violation if variance	e is not granted; usually	this is the owner)
Name of Organization N/A Address (number and street, city, state, and ZIP code) A19902 Rue Charlot Lane, McCordsville, Indiana 46055 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant) Mr. Timothy T. Callas Name of Organization J. R. T. Consulting, LLC Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 3. DESIGN PROFESSIONAL OF RECORD (if applicable) Name of design professional N/A Name of Organization Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 3. DESIGN PROFESSIONAL OF RECORD (if applicable) Name of Organization Telephone number N/A Name of Organization Address (number and street, city, state, and ZIP code) 13902 Rue Charlot Lane, McCordsville, Indiana 46055 Type of: project N/B www Addition Addition Addition Addition Chack as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Chack made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (see instructions) N/A Check made payable to the Indiana Department of Homeland Security for the appropriate amount (se	Name of the applicant	Title	'
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	DESCRIPTION OF REQUESTED VARIANG	DE LA PARTIE DE LA COMPANION D	
	ne of code or standard and edition involved	Specific code section	
	Indiana Building Code - 2008 Edition	907.2.9/Variance #	13-06-42
Nat	ure of non-compliance (include a description of space	s, equipment, etc. involved as necessary	
	An existing 1-story 4-unit residential building variance # 13-06-42. There are four owners The variance request is to remove the fire al "Townhouse Definition" per HB 1301 & Chap definition and complies with all aspects of the definition and complies with all aspects of the definition and complies with all aspects of the	received variance to install a fire alarm set that are required to pay for monitoring coarm system and allow the building to be set 2 IBC. Each unit is separated with 2-ce definition.	ost that wasn't part of the sale of their unit. designated as townhouses per the new hour fire resistive walls as required by the
8.	DEMONSTRATION THAT PUBLIC HEALT	H, SAFETY, AND WELFARE WILL BE I	PROTECTED
	ect one of the following statements:		
×	Non-compliance with the rule will not be adver	se to the public health, safety or welfare or	
	Applicant will undertake alternative actions in I to public health, safety or welfare. Explain why	iell of compliance with the sub-to-	t granting of the variance will not be adverse specific)
Fact	s demonstrating that the above selected statement is	true:	
	1. The units comply with the townhouse defir		y the 2005 Indiana Residential Code
			7 Maidild Noolderlial Coue,
9, [DEMONSTRATION OF UNDUE HARDSHIP	OR HISTORICALLY SIGNIFICANT ST	RUCTURE
	ct at least one of the following statements:		
	Imposition of the rule would result in an undue hits utility services.	ardship (unusual difficulty) because of physic	al limitations of the construction site or
	Imposition of the rule would result in an undue houlding or structure.	ardship (unusual difficulty) because of major	operational problems in the use of the
×	Imposition of the rule would result in an undue helements.	ardship (unusual difficulty) because of excess	sive costs of additional or altered construction
	Imposition of the rule would prevent the preserv	ation of an architecturally or a historically sign	ufficant part of the building or atmost
Facts	demonstrating that the above selected statement is	rue:	
	ne owner's undue hardship involves the cost e fire alarm installation. This could cause leg oproval from the HOA or the owners themse		cost and the additional hardware to finish arm system was added without any
10_5	STATEMENT OF ACCURACY		
	by certify under penalty of perjury that the inform	action contained is 41.	
Signa	ture of applicant or person submitting application	Please print name	
		Timothy T. Callas	Date of signature (Month, day, year) February 3, 2015
Complexion	ture of design professional (<i>if applicable</i>)	Please print name	Date of signature (Month, day, year)
11. §	STATEMENT OF AWARENESS (if the applic	ation is submitted on the applicant's behalf t	he applicant must size that the
Lhoro	by certify under penalty of period 4. 4.	me approximes Defiall, t	ne approant must sign the following statement)
nere	by certify under penalty of perjury that I am awai	e of this request for variance and that this ar	onlication in hoing submitted
111010	by certify under penalty of perjury that I am awar	Please print name	oplication is being submitted on my behalf. Date of signature (Month, day, year)



INDIANA DEPARTMENT OF HOME LAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204 2739
http://www.in.gov/dhs/fire/fp_bs comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this

Variance number (Assigned by department)

application		
1. APPLICANT INFORMATION (Person who would be in violation if variance	e is not granted; usually	this is the owner)
Name of the applicant	Title	
Mr. John Meadows	Owner	
Name of Organization	Telephone Number	
N/A		
Address (number and street, city, state, and ZIP code) 13906 Rue Charlot Lane, McCordsville, Indiana 46055		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT	(if not submitted by the a	applicant)
Name of person on behalf of the applicant	Title	
Mr. Timothy T. Callas	Principal	
Name of Organization	Telephone Number	
J & T Consulting, LLC	(317) 889-4300	
Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237		
3. DESIGN PROFESSIONAL OF RECORD (if applicable)	rocket kan ka	
Name of design professional	License number	·
N/A Name of Organization	Telephone number	
Address (number and street, city, state, and ZIP code)		
4. PROJECT IDENTIFICATION		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Name of Project	State project number	County
Villas at Geist Block # 12		Hamilton
Site Address (number and street, city, state, and ZIP code) 13906 Rue Charlot Lane, McCordsville, Indiana 46055		
Type of: project: New Addition Alteration	☐ Change of occupancy	⊠ Existing
5. REQUIRED ADDITIONAL INFORMATION		
The following required information has been included with this application (check as		
A check made payable to the Indiana Department of Homeland Security for the	appropriate amount (see in	structions)
One (1) set of plans or drawings and supporting data that describe the area affe	cted by the requested variar	nce and any proposed
alternatives.		
Written documentation showing that the local fire official has received a copy of	the variance application.	
Written documentation showing that the local building official has received a cop	y of the variance application	٦.
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction	Order?	
☐ Yes (if yes, attach a copy of the Correction Order) ☐ No		
Has a Violation been issued?	er the following:)	⊠ No
Violation issued by: ☐ Local Building Department ☐ State Fire and Building C☐ Local Fire Department	ode Emonocuteur Obomon	

7. DESCRIPTION OF REQUESTED VARIANCE							
7. DESCRIPTION OF REQUESTED VARIANCE	ACT CONTRACTOR OF THE PROPERTY						
Name of code or standard and edition involved	Specific code section						
Indiana Building Code – 2008 Edition	907.2.9/Variance # 13-06-42						
	Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary) An existing 1-story 4-unit residential building received variance to install a fire alarm system in lieu of a NFPA 13D system per						
variance # 13-06-42. There are four owners that are require	variance # 13-06-42. There are four owners that are required to pay for monitoring cost that wasn't part of the sale of their unit.						
The variance request is to remove the fire alarm system a "Townhouse Definition" per HB 1301 & Chapter 2 IBC. Ea	nd allow the building to be designated	d as townhouses per the new					
definition and complies with all aspects of the definition.	on unit is separated with 2-hour life te	sistive waits as required by the					
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, A	AND WELFARE WILL BE PROTECT	ED					
Select one of the following statements:							
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or							
Applicant will undertake alternative actions in lieu of compliar to public health, safety or welfare. Explain why alternative actions in lieu of compliar to public health, safety or welfare.	nce with the rule to ensure that granting of tions would be adequate (be specific)	of the variance will not be adverse					
Facts demonstrating that the above selected statement is true:							
1. The units comply with the townhouse definition. Fire ala	rm system is not required by the 2008	5 Indiana Residential Code.					
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTOR	ICALLY SIGNIFICANT STRUCTURE						
Select at least one of the following statements:							
Imposition of the rule would result in an undue hardship (unus its utility services.	ual difficulty) because of physical limitation	ns of the construction site or					
Imposition of the rule would result in an undue hardship (unus building or structure.	ual difficulty) because of major operational	problems in the use of the					
Imposition of the rule would result in an undue hardship (unus elements.	ual difficulty) because of excessive costs of	of additional or altered construction					
Imposition of the rule would prevent the preservation of an arc	chitecturally or a historically significant part	t of the building or structure.					
Facts demonstrating that the above selected statement is true:							
The owner's undue hardship involves the cost for each ow	ner to pay for the monitoring cost and	the additional hardware to finish					
the fire alarm installation. This could cause legal issues for approval from the HOA or the owners themselves.	the contractor as the fire alarm syste	m was added without any					
40 CTATEMENT OF ACCURACY							
10. STATEMENT OF ACCURACY							
I hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Please print		5.4.6					
Signature of applicant or person submitting application Please print Timothy T		Date of signature (Month, day, year) February 3, 2015					
Signature of design professional (if applicable) Please print	name	Date of signature (Month, day, year)					
11. STATEMENT OF AWARENESS (if the application is subm							
I hereby certify under penalty of perjury that I am aware of this requ		is being submitted on my behalf.					
Signature of applicant Please print		Date of signature (Month, day, year)					
Ach Mac Down John Mea	dows						



INDIANA DEPARTMENT OF HOMELAND SECURITY

CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/

INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this application

Variance number (Assigned by department)

15-05-45

аррисацоп		
1. APPLICANT INFORMATION (Person who would be in violation if variance	e is not granted; usually	this is the owner)
Name of the applicant	Title	
Mr. Jeri Francis	Owner	
Name of Organization	Telephone Number	
N/A		
Address (number and street, city, state, and ZIP code)		
13910 Rue Charlot Lane, McCordsville, Indiana 46055		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT		applicant)
Name of person on behalf of the applicant	Title	
Mr. Timothy T. Callas	Principal	
Name of Organization	Telephone Number	
J & T Consulting, LLC	(317) 889-4300	
Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237		
DESIGN PROFESSIONAL OF RECORD (if applicable)		
	License number	
Name of design professional N/A	License number	
N/A Name of Organization	Telephone number	
rame of organization		
Address (number and street, city, state, and ZIP code)		ere in a comp
4. PROJECT IDENTIFICATION		
Name of Project	State project number	County
Villas at Geist Block # 12	<u> </u>	Hamilton
Site Address (number and street, city, state, and ZIP code)		
13910 Rue Charlot Lane, McCordsville, Indiana 46055	FT Change of account	⊠ Eviatina
Type of: project: New Addition Alteration	☐ Change of occupancy	
5. REQUIRED ADDITONAL INFORMATION		
The following required information has been included with this application (check as	applicable):	a a caracteristic control of the caracteristi
A check made payable to the Indiana Department of Homeland Security for the	e appropriate amount (see i	instructions)
One (1) set of plans or drawings and supporting data that describe the area affer alternatives.	ected by the requested varia	nice and any proposed
Written documentation showing that the local fire official has received a copy of	the variance application.	
Written documentation showing that the local building official has received a co	ny of the variance application	on.
MA LATITUDE COORDINATION SHOWING THAT HAD LOCAL PARTIES AND IN 1990 1990 4 90	£3	•
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction	Order?	
Yes (if yes, attach a copy of the Correction Order)		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	or the following	⊠ No
Has a Violation been issued? Yes (if yes, attach a copy of the Violation and answ		KA 140
Violation issued by: ☐ Local Building Department ☐ State Fire and Building C	Code Enforcement Section	
☐ Local Fire Department		
	and the second second	

7.	DESCRIPTION OF REQUESTED VARIANC	: =				
	ne of code or standard and edition involved		Consider and the			
	ndiana Building Code - 2008 Edition		Specific code section 907.2.9/Variance # 13-06-42			
Natu	re of non-compliance (include a description of space	s, equipment, etc. in	when as massages			
	An existing 1-story 4-unit residential building variance # 13-06-42. There are four owners to the variance request is to remove the fire ala Townhouse Definition" per HB 1301 & Chapit definition and complies with all aspects of the refinition and complies with all aspects of the	received variance that are required to arm system and a ter 2 IBC. Each up a definition.	e to install a fire alarm system ir o pay for monitoring cost that w llow the building to be designat nit is separated with 2-hour fire	rasn't part of the sale of their unit. ed as townhouses per the new resistive walls as required by the		
8. I	DEMONSTRATION THAT PUBLIC HEALTH	H, SAFETY, AND	WELFARE WILL BE PROTECT	TED		
Sele	ct one of the following statements:					
×	Non-compliance with the rule will not be advers	se to the nublic bea	Ith safety or wolfares or			
	Non-compliance with the rule will not be adverse to the public health, safety or welfare; or Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety or welfare. Explain why alternative actions would be adequate (be specific)					
	demonstrating that the above selected statement is	true:				
1	. The units comply with the townhouse defini	ition. Fire alarm s	ystem is not required by the 200	15 Indiana Residential Code		
			4	ndana residential Code.		
g n	EMONSTRATION OF UNDUE WARRANGE			·		
	EMONSTRATION OF UNDUE HARDSHIP (OR HISTORICAL	LY SIGNIFICANT STRUCTUR	E		
	t at least one of the following statements:					
	Imposition of the rule would result in an undue hat its utility services.					
	Imposition of the rule would result in an undue habuilding or structure.	ardship (unusual difi	ficulty) because of major operations	al problems in the use of the		
	Imposition of the rule would result in an undue ha elements.	ardship (unusual diff	iculty) because of excessive costs	of additional or altered construction		
Easte :	Imposition of the rule would prevent the preserve	ation of an architectu	rally or a historically significant par	t of the building or structure.		
Th	the above selected statement is to	116.		The state of the s		
the ap	e owner's undue hardship involves the cost in the cost in the fire alarm installation. This could cause legan proval from the HOA or the owners themselves.	or each owner to al issues for the c res.	pay for the monitoring cost and ontractor as the fire alarm syste	I the additional hardware to finish om was added without any		
10. S	TATEMENT OF ACCURACY					
l heret	by certify under penalty of perjury that the information	ation contained in t	his application is accurate			
Signatu	re of applicant or person submitting application	Please print name	rrandon o accurate,	Date of signature (Month, day, year)		
Signatu	re of design professional (if applicable)	Timothy T. Calla	35 .	February 3, 2015		
<u> </u>	gr. prorossional (n applicable)	Please print name		Date of signature (Month, day, year)		
n S	TATEMENT OF AWARENESS (if the applicative certify under penalty of	tion is submitted or	the applicant's behalf, the applica	nt must sign the following statement		
	Parado of politry that I alli awale	of this request for	variance and that this application i	s being submitted on my behalf		
oignatú	re of applicant	Please print name Jeri Francis		Date of signature (Month, day, year)		



INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/

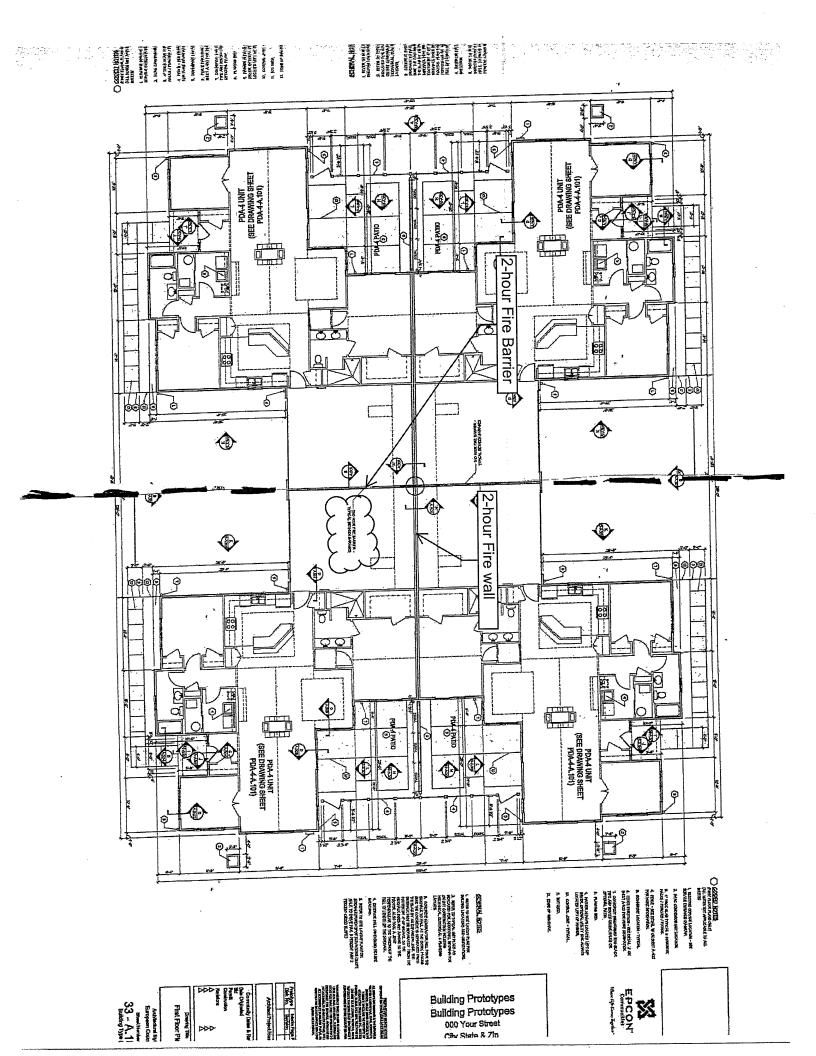
INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this application

Variance number (Assigned by department)

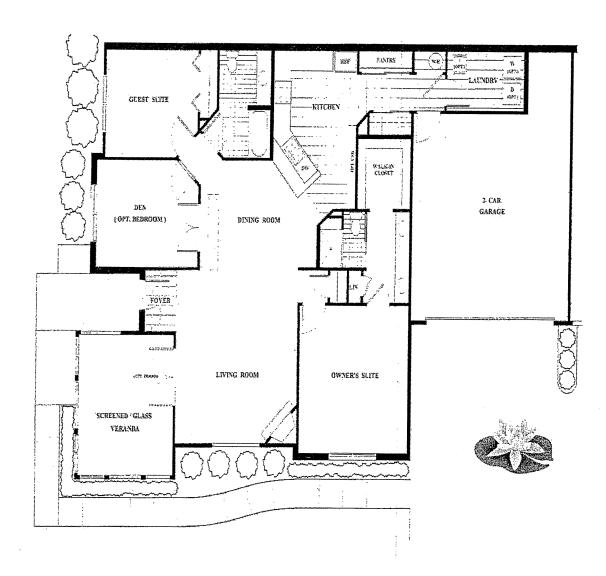
арулсация	<u> </u>	
1. APPLICANT INFORMATION (Person who would be in violation if variance	e is not granted; usuall	y this is the owner)
Name of the applicant	Title	
Jacque Myers	Owner	
Name of Organization	Telephone Number	
N/A		
Address (number and street, city, state, and ZIP code) 13914 Rue Charlot Lane, McCordsville, Indiana 46055		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT	(if not submitted by the	applicant)
Name of person on behalf of the applicant	Title	
Mr. Timothy T. Callas	Principal	
Name of Organization	Telephone Number	
J & T Consulting, LLC	(317) 889-4300	
Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237		
3. DESIGN PROFESSIONAL OF RECORD (if applicable)		
Name of design professional	License number	
N/A		
Name of Organization	Telephone number	·
Address (number and street, city, state, and ZIP code)		
4. PROJECT IDENTIFICATION		
Name of Project Villas at Geist Block # 12	State project number	County Hamilton
Site Address (number and street, city, state, and ZIP code)	<u> </u>	
13914 Rue Charlot Lane, McCordsville, Indiana 46055		· · · · · · · · · · · · · · · · · · ·
Type of: project: New Addition Alteration	☐ Change of occupancy	⊠ Existing
5. REQUIRED ADDITONAL INFORMATION		
The following required information has been included with this application (check as a	applicable):	
A check made payable to the Indiana Department of Homeland Security for the	• =	nstructions)
☐ One (1) set of plans or drawings and supporting data that describe the area affecting	atad buttles resultanted insta	nos and any wronged
alternatives.	ated by the requested varia	nice and any proposed
Written documentation showing that the local fire official has received a copy of	the variance application.	
☑ Written documentation showing that the local building official has received a cop	y of the variance application	n.
6. VIOLATION INFORMATION		
Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction	Order?	
☐ Yes (if yes, attach a copy of the Correction Order) ☐ No		
Has a Violation been issued? Yes (if yes, attach a copy of the Violation and answer	r the following:)	⊠ No
Violation issued by: ☐ Local Building Department ☐ State Fire and Building Co	* *	
Local Fire Department	AC EMOTOGRACHE OCCUPI	
• • • • • • • • • • • • • • • • • • •		

			nin i	
	DESCRIPTION OF REQUESTED VARIANCE	E		
	ne of code or standard and edition involved		Specific code section	
	Indiana Building Code – 2008 Edition ure of non-compliance (include a description of spaces		907.2.9/Variance # 13	3-06-42
1	An existing 1-story 4-unit residential building revariance # 13-06-42. There are four owners the The variance request is to remove the fire ala "Townhouse Definition" per HB 1301 & Chapt definition and complies with all aspects of the	received variand hat are required irm system and ter 2 IBC, Each	to pay for monitoring cost	that wasn't part of the sale of their unit.
enter State	DEMONSTRATION THAT PUBLIC HEALTH	deminion.		
		, CALETT, ANI	V WELFARE WILL BE PR	OTEGTED
	ect one of the following statements:			
	Non-compliance with the rule will not be adverse			
Ш	Applicant will undertake alternative actions in lie to public health, safety or welfare. Explain why	andinanve action	with the rule to ensure that g s would be adequate (be spe	ranting of the variance will not be adverse ecific)
	s demonstrating that the above selected statement is t			
1	. The units comply with the townhouse definit	tion. Fire alarm	system is not required by t	he 2005 Indiana Residential Code.
9) 1	DEMONSTRATION OF UNDUE HARDSHIP (
		OK HISTORICA	LLY SIGNIFICANT STRU	CTURE
	ct at least one of the following statements:			
	Imposition of the rule would result in an undue ha its utility services.	ordship (unusual d	lifficulty) because of physical I	imitations of the construction site or
J	Imposition of the rule would result in an undue ha building or structure.	irdship <i>(unusual d</i>	lifficulty) because of major ope	erational problems in the use of the
Ø	Imposition of the rule would result in an undue had elements.	irdship <i>(unusual</i> a	lifficulty) because of excessive	e costs of additional or altered construction
	Imposition of the rule would prevent the preserva	ition of an architer	turally or a historically similar	And work with the second second
acts	demonstrating that the above selected statement is tru	ue:		
TI th	ne owner's undue hardship involves the cost in e fire alarm installation. This could cause lega oproval from the HOA or the owners themsely	for each owner	to pay for the monitoring co contractor as the fire alarn	ost and the additional hardware to finish n system was added without any
	STATEMENT OF ACCURACY			
here	by certify under penalty of perjury that the information	ation contained in	this application is accurate	
igna	ture of applicant or person submitting application	Please print nam		Date of signature (Month, day, year)
		Timothy T. Ca	llas	February 3, 2015
ignal	ture of design professional (if applicable)	Please print nam	e	Date of signature (Month, day, year)
				isionini, day, year)
1. 8	STATEMENT OF AWARENESS (If the applical	tion is submitted	on the smaller of the trans-	
here	by certify under penalty of perjury that I am aware	of this request for	on the applicant's behalf, the	applicant must sign the following statement)
ignaț	ure of applicant	Please print name	л variance and that this appli	
1	Tarin I Neven	Jacque Myers	- -	Date of signature (Month, day, year)
1	100 year	Mary		2/10/1



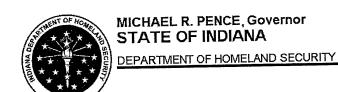
Canterbury
2 BEDROOM, 2 BATH
2 CAR GARAGE

BASE PRICE \$









JOHN H. HILL, EXECUTIVE DIRECTOR

Indiana Department of Homeland Security Indiana Government Center South 302 West Washington Street Indianapolis, IN 46204 317-232-3980

ROSS and CAROLYN PETER June 6, 2013

Dear ROSS and CAROLYN PETER,

This letter provides notice below of the action taken by the Fire Prevention and Building Safety Commission on your application(s) for a variance(s) from the Commission's rules under IC 22-13-2-11 and 675 IAC 12-5. The Commission considered the application with all alternatives offered, as a part of its published agenda, at its regular meeting on June 4, 2013.

Project 1	Number P	Project Name	Variance Number			
350058		VILLAS AT GEIST BUILDING #12	13-06-42			
Commission	on Conditio	ons				
A monito	ored smoke i within te	and fire alarm system is to be en days.				
Edition	Code	Code Section	Commission Action	& Date		
2008	IN BC (67 IAC 13-2.		Approved with Commission condition(s)	06/04/2013		

You are advised that if you desire an administrative review of this action, you must file a written petition for review at the above address with the Fire Prevention and Building Safety Commission. Your petition must fully identify the matter for which you seek review no later than eighteen(18) calender days from the above stated date of this letter, unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours; in which case the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this action will be final.



Has a violation been issued?

Violation issued by:

✓ Local Building Department

✓ Local Fire Department

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/

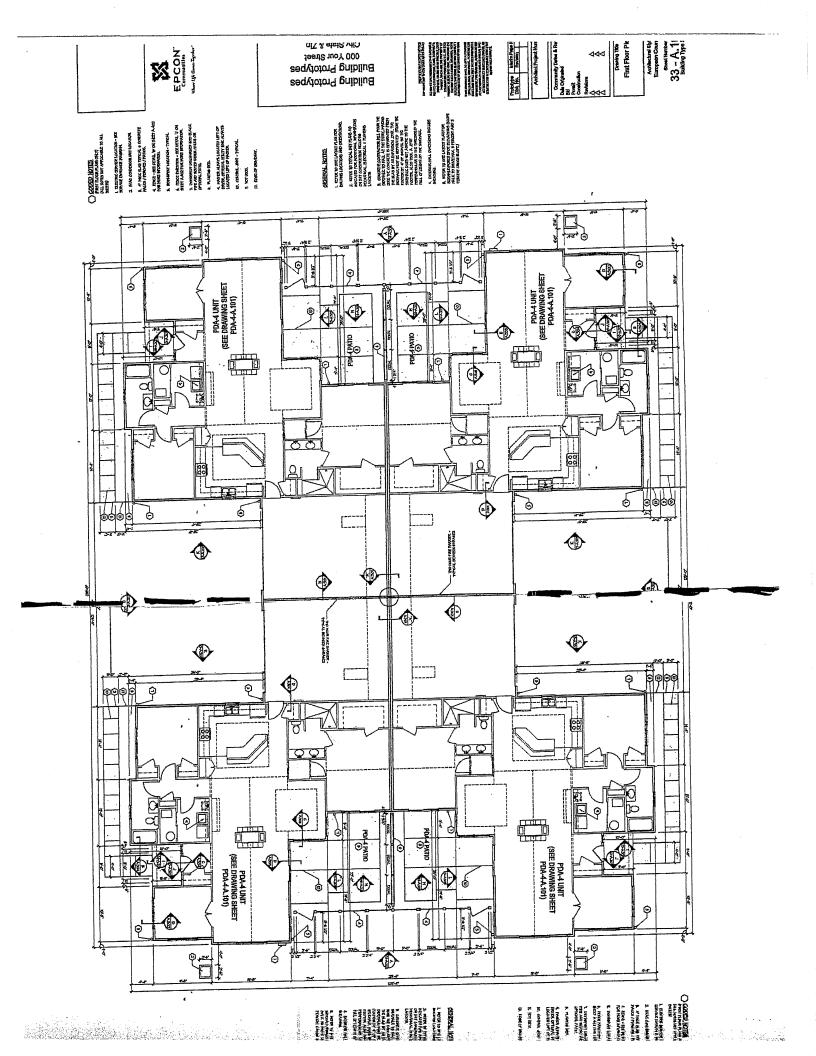
INSTRUCTION: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

3-06-42 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Title Name of the applicant Owner See enclosed additional Page 2 for additional signatures. Telephone number Name of organization Address (number and street, city, state, and ZIP code) 13902, 13906, 13910, 13914 Rue Charlot Lane, McCordsville, Indiana 46055 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Title. Name of person on behalf of the applicant Principal Mr. Timothy T. Callas Telephone number Name of organization (317) 889-4300 J & T Consulting, LLC Address (number and street, city, state, and ZIP code) 8220 Rob Lane, Indianapolis, Indiana 46237 3. DESIGN PROFESSIONAL OF RECORD (If applicable) License number Name of design professional N/A Telephone number Name of organization Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION County State project number Name of project 350058 Hamilton Villas at Geist Building # 12 Site address (number and street, city, state, and ZIP code) 13902, 13906, 9780, 9784 Rue Charlot Lane, McCordsville, Indiana 46055 \square Existing ☐ Alteration ☐ Change of occupancy ☐ Addition ☐ New Type of project: 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. ☑ Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order? ☐ Yes (if yes, attach a copy of the Correction Order) ✓ No ☑ Yes (if yes, attach a copy of the Violation and answer the following) ☐ No

☐ State Fire and Building Code Enforcement Section

7. DESCRIPTION OF REQUESTED VARIANCE Specific code section Name of code or standard and edition involved 903.2.7 Indiana Building Code - 2008 Edition Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary) A new one (1) story 4 unit R-2 Occupancy already constructed and occupied will not be provided with an automatic fire suppression system per NFPA 13D. Code requires buildings containing group R fire areas to be provided with an automatic fire suppression system throughout per NFPA 13 or NFPA 13R or. 8. DEMONSTATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED Select one of the following statements: Non-compliance with the rule will not be adverse to the public health, safety or welfare; or Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific). Facts demonstrating that the above selected statement is true: 1. Building will be provided with a monitored fire alarm system. 2. Each unit is provided with two (2) exits. 3. The units are separated with one two (2) hour fire wall and one two (2) fire barrier. 4. This building was issued a Construction Design Release (SBC # 350058) and a variance (# 11-03-30) that the Fire Prevention and Building Safety Commission added a condition to provide a NFPA 13D system. The NFPA 13D system was not installed. 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE Select at least one of the following statements: Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. Facts demonstrating that the above selected statement is true: The owner's of each unit undue hardship involves the cost (\$ 45,000) to sprinkler the building with a NFPA 13D system. The existing water supply only provides 7.5 GPM, which would require the existing domestic water lines to be replaced. A stand alone system would require the building to be enlarged for each unit to accommodate a 200 gallon tank and augmentation of electrical system to accommodate 230VAC. The building is already constructed and has been occupied for two (2) years. These are condominium units and are owned by the occupants. 10. STATEMENT OF ACCURACY I hereby certify under penalty of perjury that the information contained in this application is accurate. Date of signature (month, day, year) Signature of applicant or person submitting application Please print name Timothy T. Callas Out in a color of the colo Timothy T. Callas May 10, 2013 Date of signature (month, day, year) Please print name Signature of design professional (if applicable) N/A 11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement) I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf. Please print name Date of signature (month, day, year) Signature of applicant Ross A. AND Carolyn A. Peter



		,				
				•		
•						
		,				